

Ryman Healthcare Limited - Margaret Stoddart Retirement Village

CURRENT STATUS: 11-Jun-12

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Ryman Margaret Stoddart is a modern facility that is part of a wider village. The service can provide care for up to 61 residents requiring rest home level care. Occupancy during the audit was 48 residents. The rest home is made up of 41 beds, additionally there are 20 serviced apartments certified to provide rest home level care. There are currently eight rest home residents in the serviced apartments.

Margaret Stoddart is managed by an experienced aged care manager (registered nurse) and clinical manager and supported by a stable staff.

Ryman Healthcare has an organisational total quality management plan and key operations quality initiatives that are implemented at Margaret Stoddart. All residents and relatives spoke positively about the care and support provided by staff and management.

The service is commended for achieving five continual improvement ratings around the implementation of good practice, governance and quality goals, implementation of quality programme, and staff training.

AUDIT SUMMARY AS AT 11-JUN-12

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 11-Jun-12	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Includes commendable elements above the required levels of performance

Organisational Management	Day of Audit 11-Jun-12	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Includes commendable elements above the required levels of performance

Continuum of Service Delivery	Day of Audit 11-Jun-12	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		No short falls

Safe and Appropriate Environment	Day of Audit 11-Jun-12	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 11-Jun-12	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 11-Jun-12	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 11-JUN-12

Consumer Rights

Margaret Stoddart strives to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. Residents and relatives spoke very positively about care provided by the service. The service functions in a way that complies with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information about the code of rights and services is readily available to residents and families. Policies are implemented to support residents' rights. Annual staff training reinforces a sound understanding of residents' rights and their ability to make choices. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented and complaints and concerns are actively managed and well documented. Residents and relatives spoke positively about all aspects of care and support provided.

Organisational Management

Ryman has a robust quality and risk management system that supports the provision of clinical care and support. This is implemented at Margaret Stoddart. Policies and procedures are reviewed regularly and are updated to reflect best practice, legislation and standards. Key components of the quality management system link to the facility's monthly Ryman Accreditation Programme (RAP) committee meetings. An annual resident and relative satisfaction survey is completed and there are regular resident meetings.

Quality and risk performance is reported across the facility meetings and also to the organisation's management team. Six monthly benchmarking reports are produced that include incidents/accidents, infections and complaints. These are used to provide comparisons with other facilities. Quality improvement plans are utilised at Margaret

Stoddart to document actions to improve or enhance a current process or system or actions to improve outcomes or efficiencies in the facility. There is an active health and safety committee.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation/induction programme that provides new staff with relevant information for safe work practice. There is a comprehensive in-service training programme covering relevant aspects of care and support that meets requirements. There is a registered nurse journal club directed by head office whereby articles, research and questions are discussed.

There is a policy for determining staffing and skill mix for safe service delivery. Staff identified that staffing levels are good, staff turnover is low and interviews with residents and relatives demonstrated that they have adequate access to staff.

The service is commended for the overall implementation of the quality system, quality projects and staff training to improve care.

Continuum of Service Delivery

There is a needs assessment completed prior to entry to Margaret Stoddart Retirement Village. Service delivery plans demonstrate service integration. Assessments and support plans are completed and identify who is responsible for the actions. Nursing care plans reviewed were individualised, accurate and up to date. Care plans are goal oriented and reviewed at least six monthly. Progress notes are completed appropriately. There is a comprehensive activities programme and activities are varied, age appropriate and include inclusion at local community and entertainment events. The service has implemented the 'Triple A' exercise programme. Referral to other health and disability services is evident in a sample group of resident files. The medication management system is appropriate and safely implemented. Staff responsible for medication administration are trained and monitored. Resident medications are reviewed by the residents' general practitioner at least three monthly. Individual resident's medication charts were sighted.

The menu is designed and reviewed by a registered dietitian at an organisational level. Residents have had a nutritional profile developed on admission this is reviewed six monthly as part of the care plan review. Relative and resident meetings are held and meals are discussed. All residents interviewed stated that the food was good and included choice.

Safe and Appropriate Environment

The facility is purpose built. All building and plant have been built to comply with legislation. There is a maintenance person and preventative maintenance programme including equipment and electrical checks. There are adequate numbers of toilets and showers across the facility with access to a hand basin and paper towels. All rooms have en-suites. Fixtures, fittings and floor and wall surfaces are made of accepted materials for this environment.

Residents rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in en-suites.

The lounge areas are bright and spacious. Activities can occur in any of the lounges. Furniture is arranged to ensure residents are able to move freely and safely in all areas.

The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times.

Regular fire drills are completed. Emergencies and first aid are included in the training programme. There is a civil defence kit for the whole facility. Call bells are evident across the facility in resident's rooms, lounge areas, and toilets/bathrooms.

Restraint Minimisation and Safe Practice

There is a restraint minimisation manual that is applicable to the type and size of the service. The service completes assessments at admission and risks are included in the care plan to minimise the use of restraint/enablers. Assessments are undertaken by suitably qualified and skilled staff in discussion with the family/whanau. The service remains restraint-free and no enablers are in use. Training has been provided to staff around restraint and challenging behaviours.

Infection Prevention and Control

The Infection Control team at Margaret Stoddart is integrated as part of the two monthly infection control/health & safety meeting. Monthly collation tables are forwarded to Ryman head office for analysis and benchmarking. The infection control nurse implements the surveillance, organises training and implements and reviews internal audits. The infection control policies are comprehensive and reflect best practice. Infection control (IC) training is provided at least annually to staff. There is an infection control register in which all infections are documented monthly. A monthly infection control report is completed. A six monthly comparative summary is completed. The service is commended for the use of surveillance data and quality projects to improve infection control practices and reduce infection rates.